

In RE. application of S. WATARI et al

Serial No.: 10/681,212

Group Art Unit: 1743

FEDERAL BUREAU OF INVESTIGATION
NOV 23 2007
COMMISSEIONER OF PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450
AUTOMATIC ANALYZER

Examiner: B.R. Gordon

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	10	Minus	** 20	=
Indep.	3	Minus	*** 3	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY

Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

OTHER THAN A
SMALL ENTITY

Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$ 1050.00 is attached for 3 EOT
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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